

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030808

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 116

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

Iron-

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Ironton

Length of stay in 1b

18 hrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Iron

admission)

c. CITY

OR

TOWN

Union Township

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 1 Mi W of Vulcan

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CALVIN

BEYRL

HUDDLESTON

4. DATE

Month

Day

Year

OF
DEATH

August 12

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

20 Aug 1923

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

electrician

10b. KIND OF BUSINESS OR INDUSTRY

industry

11. BIRTHPLACE (City and state or country)

Vulcan, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Benton C. Huddleston

13b. MOTHER'S MAIDEN NAME

Mae Ruble

14. NAME OF HUSBAND OR WIFE

Mary Lucille Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

yes

(If yes, give years and dates of service)

WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mae Huddleston Vulcan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of Skull - Spine

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Brain injury - Fracture

Compound R. Tibia

INTERVAL BETWEEN ONSET AND DEATH

12 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto accident -

20c. TIME OF INJURY

Hour Month, Day, Year

5:30

p.m.

8 11 62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway - 21

20f. CITY, TOWN, OR LOCATION

Vulcan

COUNTY

Iron

STATE

Mo.

21. I attended the deceased from

Death occurred at 2 PM 8-11-62

to 8-13-62

and last saw him alive on 8-13-62

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. Am J. J. -

22b. ADDRESS

Vulcan Mo.

22c. DATE SIGNED

8-14-62

23a. BURIAL, CREMATION, REMOVAL (specify)

Burial

23b. DATE

14 Aug 1962

23c. NAME OF CEMETERY OR CREMATORY

Ruble Cemetery

23d. LOCATION (City, town, or county)

Vulcan Missouri

24. FUNERAL DIRECTOR

ADDRESS

White Funeral Home Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

8-14-62

26. REGISTRAR'S SIGNATURE

Mrs. Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10470

20470

3

4 0

5 3

6

7 0

8 0

9 X

10

11 047

12 1-0

13 1-0

AUG 22 1962

AUG 22 1962

AUG 21 1962

Permit obtained 8-14-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Annel White

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.